



# Conceptual Framework of Harmful Gambling:

AN INTERNATIONAL COLLABORATION,  
THIRD EDITION

SOCIAL FACTORS

Sponsored by Gambling Research Exchange Ontario (GREO),  
Guelph, Ontario, Canada

NOVEMBER 2018



GAMBLING RESEARCH  
EXCHANGE ONTARIO  
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## 1 SOCIAL FACTORS

Social factors encompass both interactions among people and their collective co-existence. All spheres of human activity are shaped by interactions between the social patterns or organizations of a given society (*social structure*), and a person's ability to freely choose his or her actions or beliefs (*individual agency*). Social factors span interpersonal relationships at the *micro* level of social relationships; environmental and cultural factors are relevant at the *macro* level of social structures and institutions. Social factors are important in shaping how commercial gambling is made available in different societies, and how people who develop difficulties with their gambling are viewed and treated by others. Social factors also influence attitudes and beliefs about different types of gambling, as well as about harmful gambling and the best ways to prevent or reduce harm.

The interpersonal aspects of social factors encompass the relatively stable relationships that people form with each other in social contexts such as a family, peer group, workplace, or neighbourhood. In such contexts, people are aware of and affected by each other's actions. Over time, relatively stable patterns of interaction evolve, and are perceived by those involved to be guided by explicit norms and values. Social and interpersonal relationships have an ongoing influence on people of all ages, but are particularly important in the socialization of children and youth.

Some features of social and interpersonal relations can constitute risk factors for harmful gambling. Close relationships with others who gamble regularly can lead people to gamble more. These close ties can also interfere with a person's efforts to reduce or end gambling activity. Conversely, close relationships with others who gamble very little can positively influence people and protect them from developing gambling-related problems. However, for people who enjoy gambling, close relationships with others who gamble very little can be a source of conflict and stress.

An important feature of social interactions is that they take place in particular historical moments and add up over time. The accumulation of stressful life events may lead people to gamble more and to experience gambling harm.<sup>1-4</sup> People of different ages also experience historical events differently, and these events can have different effects on gambling and, potentially, gambling harm. This is addressed in Section 5: Longitudinal Cohort Studies.

Humans are social beings, but maintaining interpersonal relationships requires mental and emotional energy. Gambling often takes place in the company of others, but social interaction in these settings may be quite restricted and formalized. For example, slot machine and bingo players who sit next to each other while playing might only occasionally interact. If players do converse with one another, it is typically only in relation to the game, rather than in more wide-ranging social discussion.

This kind of limited interpersonal contact is appreciated by people who would like to have some company, but do not want to engage intellectually or emotionally with other players. They may already have problems handling interpersonal relations in the family, with friends, or in the workplace; gambling is a form of escape where people can avoid such interactions. Alternatively, other people may long for genuine interpersonal closeness but lack the social skills to achieve it. This may create a "...vulnerability to seeking solace in addictive quasi-social behaviours such as gambling".<sup>5, para4</sup>

In this section, we will focus on social factors: social demographics, family and peer gambling involvement, education systems, neighbourhood, stigmatization, and deviance. Generally speaking, evidence for the links between social factors and levels of harmful gambling is not strong. The strongest evidence relates to social demographics and the role of family and peers in influencing gambling involvement. Evidence related to the role of the education system, as well as to neighbourhoods, stigmatization, and deviance is much less robust.

## 1.1 SOCIAL DEMOGRAPHICS

In numerous studies, harmful gambling has been associated with male gender, under 30 years of age, low income, and single marital status. Low occupational status, lower levels of formal education, and non-Caucasian ethnicity are additional risk factors, as is living in large cities.<sup>6</sup>

Some studies have found that harmful gambling is associated with certain occupations. For example, Scandinavian studies have found elevated problem and at-risk gambling rates among taxi and bus drivers, who have flexible hours, time on their hands between jobs, little physical supervision, and easy access to gambling in cafés and betting shops.<sup>7, 8</sup> A Norwegian study found that people who frequently travelled for business or in connection with work (more than 100 days a year) had higher rates of problem gambling than those who travelled less.<sup>9</sup> More generally, at-risk and problem gambling are more prevalent among blue collar occupations than among academic professions.<sup>7, 10</sup>

While job stress has been proposed as a possible contributor to the development of harmful gambling,<sup>11</sup> little is known about this relationship. Similarly, little is known about the relationship between harmful gambling and unemployment. This is also true of the relationship between harmful gambling and wealth, since most studies only investigate annual household income and do not examine the full spectrum of people's assets in relation to their gambling involvement.

One area that has received recent research interest is the relationship between gambling, other addictive behaviours, and homelessness. Studies in this area are generally small but have been conducted in several countries, including Australia, Canada, and England.<sup>12-16</sup> These studies highlight the complex needs of people experiencing gambling problems and homelessness. They also point to the long-lasting effects of housing insecurity on gambling involvement and on other addictive behaviors.

## 1.2 FAMILY AND PEER GAMBLING INVOLVEMENT

Peers and family members are important influences, particularly on the gambling behaviours of teenagers and young adults. In contrast to most other adolescent risk behaviours, parents, siblings and other family members often approve of and are involved with children and adolescents in informal gambling. There is extensive research linking parental and adolescent gambling. Parental gambling is associated with higher rates of gambling participation and higher rates of gambling problems among adolescents. Involvement with antisocial peers who may model and reinforce risky gambling may also contribute to youth gambling problems.<sup>17</sup>

Families play a role in contributing to or preventing the development of harmful gambling through exposure to gambling activities and through social learning. In many studies, people with gambling problems report high levels of gambling and harmful gambling among members of their families. Several recent studies have documented links between adverse childhood experiences and early family dysfunction, and the cumulative impact of these experiences on problem gambling later in life.<sup>18-20</sup>

Parenting style is another feature of upbringing related to developing gambling problems. Authoritative parenting generally directs teens away from harmful gambling pathways. As with youth risk behaviours more generally, parental monitoring (engagement) has been identified as an effective protective factor in relation to the development of harmful gambling among youth.<sup>21</sup>

Along with the gambling setting, the people one gambles with can have an impact on the extent of potentially addictive gambling behaviour. Some people have 'gambling friends', who are friends only

because gambling is a common interest. A significant disruption in their non-gambling social lives, such as a divorce, loss of a job, or the death of a loved one, can leave only their 'gambling friends' as a support system. Interacting with this group almost exclusively, in turn, increases the intensity of their gambling.<sup>22</sup>

Gambling alone is commonly seen as a risk factor for harmful gambling and is associated with high stakes betting.<sup>23</sup> Although gambling alone is a risk factor, the presence and actions of other gamblers can also facilitate gambling.<sup>24, 25</sup> For instance, playing with others who gamble for long periods of time and for high stakes, may lead a person to play over his or her limits.<sup>25</sup> There may be risks in both social and solitary situations; early gambling behaviour is associated with social contexts, whereas problem gambling can serve as a coping strategy and be used to enhance positive emotional states.<sup>26</sup>

Most people with a gambling problem do not seek professional help.<sup>27</sup> Therefore, the help provided to gamblers through their support systems—such as family members and friends—may be of great value.<sup>28</sup> The ways in which families cope with a member who has a gambling problem can vary. Their attitudes and approaches can either facilitate entering treatment or actually create barriers to seeking treatment. Relationships with others who have gambling problems in a mutual support society may contribute to the resolution of harmful gambling.<sup>29</sup> The person gets support to abstain from gambling, finds new non-gambling friends, and feels valuable and needed when helping others with a gambling problem.

An emerging area of research is focused on intimate partners of people with gambling problems. Problem gambling is linked to increased odds of dating violence, marital violence, and child abuse.<sup>30</sup> A systematic review and meta-analysis of the association between problem gambling and intimate partner violence found 14 studies that document a significant relationship

between problem gambling and being a victim of intimate partner violence. The relationship appears to be influenced by younger age, less than full employment, clinical anger issues, and alcohol and substance use.<sup>31</sup>

### 1.3 EDUCATION SYSTEM

There is good evidence that teenagers and young adults often participate in informal gambling, and transition to commercial forms of gambling as they reach legal age. This makes the education system an important institution for informing young people about the benefits and risks of gambling. Education is also important for fostering appropriate gambling-related knowledge and beliefs,<sup>32</sup> although awareness of the extent of youth gambling problems among teachers and administrators appears low.<sup>33</sup>

A limited amount of research has focused on describing students' knowledge and beliefs about gambling,<sup>34</sup> and evaluating curricula aimed at changing beliefs and behaviours as well as preventing problems.<sup>35, 36</sup> Programs that target either the whole student body or specific subgroups have both been developed, and curricula have included teaching both information (e.g., knowledge of odds) and skills (e.g., coping,

problem-solving), and using lecture and video formats (see reviews by Keen, Blaszczynski and Anjou;<sup>37</sup> Ladouceur, Goulet, and Vitaro;<sup>38</sup> and, Williams et al.<sup>39</sup>).

Evaluation studies have generally focused on youth aged 12 to 18 years and have evaluated changes immediately after the education program.<sup>38</sup> The only study with a longer-term follow-up (i.e., 12 months) reported that the immediate gains post-intervention were generally maintained.<sup>40</sup> There is no data on whether these programs reduced the incidence of new cases of gambling problems.<sup>39</sup>

The goal of such research is to develop effective programs that can be implemented widely. However, dissemination will likely be a challenge as educators and educational institutions do not always view gambling as an important concern.<sup>41-43</sup> In practical terms, this means that they are often reluctant to adopt measures to prevent and/or mitigate harm associated with adolescent gambling.

### 1.4 NEIGHBOURHOOD

Increases in the availability of gambling are widely assumed to lead to increases in the prevalence of harmful gambling. Researchers have investigated this relationship and report somewhat conflicting results (see Section 2.2 Gambling Exposure). At the neighbourhood level, there is some evidence that easy access to gambling opportunities is associated with higher rates of gambling participation and gambling-related problems, although the causal direction of these links has not

been established.<sup>44-47</sup> It is likely that this relationship is true for some groups in the population but not for others. It is also clear that gambling opportunities are not randomly distributed across neighbourhoods.<sup>45, 48-52</sup>

There is evidence that the location of gambling venues is influenced by levels of *social capital* in different communities, although the reasons for this are unclear.<sup>53</sup> Social capital refers to networks of connection that exist between people and their shared norms and values, which work together to encourage positive

social cooperation. Neighbourhoods with high social capital are characterized by complex social networks that support high levels of trust and confidence among residents. Neighbourhoods with low social capital are characterized by high levels of distrust among residents, as well as low levels of trust in social institutions and low levels of civic participation.<sup>54</sup>

Gambling outlets are more likely to be located in areas with lower socioeconomic status,<sup>44, 55, 56</sup> which generally have less social capital.<sup>54</sup> There is a significant connection between increased gambling availability and higher levels of gambling problems within the community.<sup>50, 57</sup> One hypothesis that needs to be examined further is that gambling operators often find it easier to locate venues in neighbourhoods with low social capital because these communities are less likely to mobilize to prevent their introduction. Still, in some countries, like Sweden, the machines are located at pubs because a permit to sell alcohol is needed and the majority of pubs are located in areas with low SES.

In the United States, research with adolescents found that males living in neighbourhoods with lower social control were more likely to gamble than those who live in areas with higher social control;<sup>58</sup> and neighbourhoods with generally lower socioeconomic status are associated with more gambling and problem gambling.<sup>48, 59, 60</sup>

In Australia, Marshall and colleagues have noted that areas with lower socioeconomic status in many large cities have experienced the greatest allocations of electronic gaming machines (EGMs).<sup>61-63</sup> They argue that, unlike other public health issues, gambling-related problems are determined almost entirely by the local circumstances of the communities in which the gambling activity occurs. As a result, preventive strategies should target the local contextual environment, rather than just focus on gamblers. The geography of EGM gambling in Australia is the topic of two studies by Young, Markham and Doran,<sup>64, 65</sup> that investigate the distribution of EGMs in different types of venues and neighborhoods, as well as the distance travelled to EGM venues in relation to problem gambling.

Finally, in the United States, Welte and colleagues found that neighbourhood disadvantage was positively related to how often people living there gamble, and to the prevalence of problem and pathological gambling.<sup>45</sup> The researchers argued that the ecology of disadvantaged neighbourhoods and the availability of gambling opportunities promote both gambling participation and pathology. In Australia, Livingstone cites evidence that poker machines are strongly marketed and located close to disadvantaged areas.<sup>66</sup>

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## 1.5 STIGMATIZATION

Stigmatization is the experience of having a characteristic that is viewed as shameful or discrediting and, as a result, being avoided or shunned. Stigmatization is a powerful tool of social control that can be used to marginalize, exclude, and exercise power over people. A systematic review of the literature on stigma in gambling was published by Hing, Holdsworth, Tiyce, and Breen.<sup>67</sup>

Although the overall amount of research specific to gambling stigma is limited, it is growing. Harmful gambling has been found to be more stigmatizing than some other health conditions, but similar to alcohol disorder and schizophrenia—although this may be influenced by context or by the social characteristics of observers.<sup>68</sup> Members of specific cultural groups may be relatively more stigmatized than others<sup>69, 70</sup> and women may be more stigmatized than men.<sup>13, 71</sup>

Stereotypes of gamblers and problem gamblers are similar and include adjectives such as compulsive, impulsive, desperate, irresponsible, risk-taking, depressed, greedy, irrational, antisocial, and aggressive.<sup>72</sup> At the same time, the general population in Western societies tends to medicalize gambling problems as an addiction, rather than seeing it as being related to poor character.<sup>73</sup>

Stigma, in the form of shame or embarrassment about one's over-involvement in gambling, is a significant obstacle to seeking help for a gambling problem. This has been identified across a number of studies in a variety of countries.<sup>74-77</sup> Fear of discrimination may also discourage people from disclosing their gambling struggles when seeking help for other social problems such as homelessness.<sup>14, 78</sup> To date, no research has investigated stigma reduction strategies in the problem gambling area.<sup>67</sup>

## 1.6 DEVIANCE

When activities and people are perceived as deviant or immoral, they sometimes come to be seen as 'sick' and hence under the domain of medical science and treatment. This 'medicalization' of deviance characterized gambling and harmful gambling in the 1970s and 1980s,<sup>79, 80</sup> and still continues to the current time. Research continues to explore links between biology and harmful gambling (see Section 3.4 Biological Factors) and people are increasingly expected to govern themselves in an era when external forms of social regulation have declined.<sup>81</sup>

While research on gambling as deviance (that views gambling as criminal or marginal) is relatively scarce, studies have found relationships between high rates of gambling and substance use among male adolescents, and also between impulsivity and friends' delinquency. Some researchers have concluded that a general problem behavioural syndrome underlies many deviant behaviours, including gambling. Some gambling activities, particularly informal gambling among friends, tend to be associated with higher rates of deviant behaviour,<sup>82</sup> while other gambling activities do not have such associations.

Prison populations typically have very high rates of problem gambling.<sup>83</sup> There seem to be two reasons for this, which in real life sometimes interact: first, problem

gambling is an expression of a criminal lifestyle or factors selecting for criminal behavior generally; second, problem gambling has caused the person to commit crimes.

In the first case, harmful gambling is typically associated with substance-related and psychiatric comorbidity. For example, a Swedish study of male violent offenders found high rates of pathological gambling and psychiatric comorbidities with an early onset.<sup>84</sup> In Denmark, problem gambling is associated not only with committing economic crimes, but also with violent charges and drug charges.<sup>85</sup>

Research conducted with over 300 male and nearly 100 female prisoners in New Zealand found that about a quarter of male and a third of female prisoners from a nationally representative sample, serving the first year of their sentence, had gambling problems immediately prior to imprisonment. A relatively small number appear to have committed an offence as a consequence of a gambling problem. Most were involved in criminal activity first and happened to be both criminals and have a gambling problem.<sup>86, 87</sup>

In these cases, harmful gambling is driven by the same factors and circumstances that drive criminal behavior, such as impulsiveness, a sensation-seeking personality,

high risk taking, high levels of urgency, and increased lack of premeditation.<sup>88</sup> Social and environmental factors characterizing the criminal lifestyle also contribute to harmful gambling, such as conspicuous consumption when money is available, money laundering by means of gambling, a focus on quickly acquiring money, and a substantial amount of free time when in prison.

However, gambling problems may cause people without any criminal record to do unlawful things – this is called criminogenic problem gambling. The most common type is property crimes in order to procure money for gambling. This happens mostly in the final phase of escalating and excessive gambling, when money is desperately needed to pay bills, debts, and for continuing to gamble. The specific type of crimes committed depends on accidental circumstances, as well as on the social position and abilities of the person

with gambling problems, for example: robbery, theft, forgery, fraud, and white-collar economic crimes.

In the case of gambling-related embezzlement in the workplace, there is an obvious link between harmful gambling and economic crime. The embezzler is typically a trusted employee who has been with the company or organization for a long time—which means that there are no significant prior psychiatric problems or a criminal record. The employee develops an addiction to gambling, starts to “borrow” money at the workplace, and sometimes ends up having embezzled huge sums.<sup>89</sup>

Criminogenic problem gambling may also result in other types of crimes, such as domestic violence in connection with arguments about excessive gambling<sup>90</sup> and violent behavior in gambling venues.<sup>91</sup>

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